



PTO/SB/21 (02-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/972,112
Filing Date	10/04/2001
First Named Inventor	Dorros
Art Unit	3731
Examiner Name	Nguyen, V.
Attorney Docket Number	AMS-011C

Total Number of Pages in This Submission

21

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return Request Postcard, & Check # 154956
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Nicola A. Pisano, Registration No. 34,408 Luce, Forward, Hamilton & Scripps LLP
Signature	
Date	June 28, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	
Date	6-29-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/972,112
<b>TOTAL AMOUNT OF PAYMENT</b> \$ 995.00		Filing Date	10/04/2001
		First Named Inventor	Dorros
		Examiner Name	Nguyen, Vi X
		Art Unit	3731
		Attorney Docket Number	AMS-011C

<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>																																														
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-2298 Deposit Account Name: Luce, Forward, Hamilton & Scripps LLP																																																
The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																
<b>FEE CALCULATION</b>																																																
<b>1. BASIC FILING FEE</b>																																																
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**or number previously paid, if greater; For Reissues, see above																																																
		<b>Other fee (specify)</b> Additional Claim Fees <b>RECEIVED</b> 135.00																																														
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		<b>SUBTOTAL (3)</b> (\$) 995.00																																														

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Nicola A. Pisano	Registration No. (Attorney/Agent)	34,408
Signature		Telephone	858-720-6320
		Date	June 28, 2004

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Case Docket No.: AMS-011C

In re application of: Dorros et al.

Serial No.: 09/972,112

Filed: 10/04/2001

Examiner: Nguyen, V.

For: **APPARATUS AND METHOD FOR TREATING STROKE AND CONTROLLING CEREBRAL FLOW CHARACTERISTICS**

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**CLAIMS AS AMENDED**

(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35	minus	20	15	x \$9	\$ 135.00
INDEPENDANT CLAIMS	2	minus	4	0	x \$43	\$ 0.00
MULTIPLE DEPENDANT CLAIMS	<input type="checkbox"/>				\$ 280	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 135.00

- ☒ Check is enclosed
- ☐ Charge \$ .00 to Deposit Account No. 50-2298. Two copies of this sheet are enclosed.
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